Colchester, CT Youth Voices Count Survey (v2024)

Survey Introduction

Welcome to the *Youth Voices Count Survey*. Our company is conducting the survey to help community leaders learn about youth experiences and feelings regarding substance use, depression, anxiety, social media, gaming and gambling.

This is your chance to be heard. *Information from this survey will be used to help your community* enhance its youth services and activities.

***This survey is confidential.* An outside company receives the data. There are no names or IP addresses collected. The company *cannot connect your answers to who you are*. No one in your school and community will see any individual responses to the survey. Below is an example of how the data looks when the company receives it.**

***Thank you for sharing* your experiences and thoughts about these important youth issues in your community.**

grade	sex	gender	race_hispanic	race_white	race_asian	race_black	race_pacific	race_native	grade_A	grade_B	grade_C	grade_D	grade_F
1.00	1.00	2.00	.	.	.	1.00	.	.	1.00	.	.	.	.
1.00	2.00	1.00	.	1.00	.	.	.	.	1.00	1.00	.	.	.
1.00	1.00	2.00	.	1.00	.	.	.	.	1.00	1.00	1.00	.	.
1.00	2.00	1.00	.	1.00	.	.	.	.	1.00	1.00	.	.	.
1.00	1.00	2.00	.	1.00	.	.	.	.	1.00	.	.	.	.
1.00	1.00	2.00	.	1.00	.	.	.	.	1.00	.	.	.	.
1.00	2.00	1.00	.	1.00	.	.	.	.	1.00	1.00	.	.	.
1.00	2.00	1.00	.	1.00	1.00	.	.	.	1.00	.	.	.	.
1.00	2.00	1.00	.	1.00	.	.	.	.	.	1.00	.	.	.
1.00	1.00	.	.	.	.	.	.	.	1.00	.	.	.	.
1.00	2.00	1.00	.	1.00	.	.	.	.	1.00	1.00	1.00	1.00	.
1.00	2.00	1.00	.	.	.	1.00	.	.	.	1.00	.	.	.

Example of how your answers will look

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Questions About You

1. What grade are you in now?

- ◯ 6
- ◯ 7
- ◯ 8
- ◯ 9
- ◯ 10
- ◯ 11
- ◯ 12

2. What is your biological sex, the sex you were assigned at birth?

- ◯ Female
- ◯ Male

3. What is your gender identity?

- ◯ Male
- ◯ Female
- ◯ Non-binary
- ◯ Transgender male
- ◯ Transgender female
- ◯ I am not sure right now

4. Which of the following best describes you?

- ◯ Heterosexual (straight)
- ◯ Gay or Lesbian
- ◯ Bisexual or Pansexual
- ◯ I describe myself some other way
- ◯ I am not sure right now
- ◯ I do not know what this question is asking

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Ethnicity and Race

5. How do you describe yourself (Select all that apply)?

- [ ] American Indian or Alaskan Native
- [ ] Asian
- [ ] Black or African American
- [ ] Hispanic/Latino
- [ ] Middle Eastern or North African
- [ ] Native Hawaiian or Pacific Islander
- [ ] White

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Questions About You

6. What kind of grades do you mostly get? (Select all that apply)

- [ ] A's
- [ ] B's
- [ ] C's
- [ ] D's
- [ ] F's

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Screen time

7. How old were you when you FIRST had your own?

	Age
Smartphone or iPhone	
Social media account	

8. On an average school day, about how many hours do you spend.....

	None	1-2 hours	3-4 hours	5-7 hours	8-10 hours	11 or more hours
On the internet overall (i.e. "screen time"), including messaging, social media, gaming, watching videos, shows or movies (not including use for school work)?	○	○	○	○	○	○
On social media specifically?	○	○	○	○	○	○
Gaming specifically?	○	○	○	○	○	○

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Electronic/Online Gaming

The next question is about video games, electronic or online gaming. This refers to games you can play on any electronic device. Examples of these games include, but are not limited to, Fortnite, World of Warcraft, Minecraft, Roblox, Call of Duty, and mobile gaming apps.

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9. In the past 12 months, have you experienced any of the following as a result of playing video games:

	No	Yes
I did not get enough sleep	○	○
I did not complete my homework or study	○	○
I chose not to spend time in person with friends because I preferred to play video games	○	○
I got into a verbal or physical fight	○	○
I felt more connected with others	○	○
I earned credibility with my peers for how well I played	○	○
I have been asked personal information by a stranger (ex. name, town you live, age etc.)	○	○
I was threatened by another gamer	○	○
I heard or saw things my parents/guardians would think is inappropriate	○	○
I have purchased loot boxes or skins (ex. microtransactions or pay-to-win)	○	○
I have had a hard time stopping	○	○
I have had people tell me they are concerned about how much time I spend gaming	○	○

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Social Media

The next question is about your experience with social media. Social media refers to any website or app that people use to share information, ideas, personal messages, and other content such as images or videos.

10. In the past 12 months, have you experienced any of the following as a result of social media:

	No	Yes
I chose not to or missed an opportunity to spend time in person with friends because I preferred to be on social media	○	○
I got into a verbal or physical fight	○	○
I felt more connected with others	○	○
I felt left out or excluded	○	○
I felt BETTER about myself	○	○
I felt WORSE about myself	○	○
I felt unsafe because of something said to me on social media	○	○
I heard or saw something my parents/guardians would think is inappropriate	○	○
I have had a hard time stopping (ex. scrolling, checking, refreshing)	○	○

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Emotional Health

11. In the past year, have you ever felt very anxious, nervous, tense, scared, panicked or like something bad was going to happen?

- Never
- Some of the time
- Almost always
- Always

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Emotional Health

12. How frequently do these feelings of anxiety or nervousness affect or make things difficult for you in your school work, relationships or other areas in your life?

- Never
- Some of the time
- Almost Always
- Always

13. How much stress, anxiety or worry do the following give you in your day-to-day life?

	None	Low	Medium	High
Home/family life	○	○	○	○
My family having enough money to have needs met (ex. food, housing, clothing, heat, hot water)	○	○	○	○
Academics (i.e. homework, tests, studying, grades)	○	○	○	○
College or post high school planning	○	○	○	○
Schedule (i.e. Athletics, extra curricular activities, volunteering, work)	○	○	○	○
Peers (ex. fitting in, having friends)	○	○	○	○
Social media	○	○	○	○

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Emotional Health and Circumstances

14. In the past 12 months have you ever experienced any of the following:

	No	Yes
I have had thoughts about hurting myself	○	○
I have hurt myself on purpose	○	○
I have had an intimate partner (someone you were dating or going out with) hit, slap, or physically hurt me on purpose	○	○
I have felt like I have no one to talk to, felt left out and/or felt lonely often	○	○
I have felt sad or hopeless for 2 OR MORE WEEKS IN A ROW so much that it stopped me from doing my usual activities	○	○

15. In the past 12 months, have you considered attempting suicide?

- ◯ No
- ◯ Yes

Checking on Suicide

16. When you considered attempting suicide in the past year did you....

	No	Yes
make a plan?	◯	◯
attempt it?	◯	◯
talk to a friend about it?	◯	◯
talk to a parent or another trusted adult about it?	◯	◯
know where to get help?	◯	◯
get help?	◯	◯
feel like you had no one to support you?	◯	◯

For resources on suicide or other mental health concerns, during school hours contact a trusted adult at school, your school counselor or school nurse. You can **call, text or chat with 9-8-8 the Suicide & Crisis Lifeline 24/7**, for free and confidential support for people in distress, prevention and crisis resources for you or your loved ones in the United States.

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Perception of Access to Substances

17. If you wanted to, how easy would it be for you to get the following?

	Very Hard	Sort of Hard	Sort of Easy	Very Easy
Vape or E-cigarette device containing Nicotine	○	○	○	○
Nicotine in an oral pouch (Zyn, On! etc.)	○	○	○	○
Cigarettes/Other tobacco products (e.g. chewing or pipe tobacco, cigars, snuff, Snus)	○	○	○	○
Alcohol such as beer, wine, hard liquor, alcoholic seltzers, wine coolers etc, more than just a sip, not for religious activities	○	○	○	○
Marijuana/THC-this includes all methods of use-vape, smoking it, edibles, inhaling it through other methods (not including CBD)	○	○	○	○
Prescription drugs-for the purpose of "getting high" or to feel good, but not for medical purposes	○	○	○	○

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Perception of Family Substance Use

18. Has anyone in your family (such as a parent/guardian, brother or sister, not including you) ever used alcohol, drugs or gambled so that it created problems at home, at work, or with friends? Examples of problems may include physical or verbal fights or financial problems.

	No	Yes	I don't know
Alcohol	○	○	○
Prescription Drugs	○	○	○
Marijuana/THC	○	○	○
Heroin/Fentanyl	○	○	○
Other Drugs	○	○	○
Gambled (ex. sport betting, lottery, scratch-off tickets, online bets, poker etc.)	○	○	○

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Perception of Family Rules

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19. Please choose how true this statement is for you:
My family has **clear rules** or expectations discouraging me from the following:

	Yes	No	Not sure
Smoking cigarettes or using tobacco	○	○	○
Vaping NICOTINE products from E-cigarettes	○	○	○
Using NICOTINE in an oral pouch such such as Zyn or On!	○	○	○
Drinking alcoholic beverages	○	○	○
Using marijuana/THC (including smoking, vaping, edibles etc)	○	○	○
Using a prescription drug that is not prescribed to you, for the purpose of "getting high"	○	○	○
Gambling, money or possessions, on an activity with uncertain outcomes (e.g., sports bets, online bets, lottery, poker, scratch-off tickets)	○	○	○
Excessive or inappropriate use of the Internet or a smartphone	○	○	○

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Reasons for Not Using Substances

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20. What are the top reasons that you might choose not to use the following substances?

	Alcohol (beer, wine, hard liquor, alcoholic seltzers etc.)	Vapes with Nicotine	Marijuana/THC
I am not of legal age	☐	☐	☐
I don't approve of it; it's against my values, culture or religion	☐	☐	☐
My friends don't approve of it	☐	☐	☐
I am afraid of the consquences if I get caught by my parent/guardian	☐	☐	☐
I am afraid of the consequences if I get caught by school administrators, teachers, school security or my coach	☐	☐	☐
I am afraid of the consequences if I get caught by the police	☐	☐	☐
I don't want to lose control of myself	☐	☐	☐
It might interfere with my school work	☐	☐	☐
It might affect my physical health or mental health	☐	☐	☐
It's bad for the environment	☐	☐	☐
I don't know how to get it	☐	☐	☐

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21. How much do you think people risk harming themselves physically or in other ways (emotionally, financially, etc.) when they do the following:

	No Risk	Slight Risk	Moderate Risk	Great Risk
Smoke cigarettes, 1 or more packs a day?	○	○	○	○
Use Nicotine products through Vape/E-cigarettes (ex. JUUL, Puff Bar, ELF BAR etc.) on a daily basis?	○	○	○	○
Drink 5 or more alcoholic beverages (beer, wine or liquor), once or twice a week?	○	○	○	○
Use marijuana, hashish or THC products 1 or 2 times a week?	○	○	○	○
Use prescription drugs that are not prescribed to them?	○	○	○	○
Gamble something of value (money or possessions) on an uncertain outcome once a week or more?	○	○	○	○
Play electronic/online games for more than 3 hours per day, most days?	○	○	○	○

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Perceptions of Use

22. How wrong do your *parents/guardians* feel it would be for you to do the following:

	Not at all Wrong	Slightly Wrong	Moderately Wrong	Greatly Wrong
Smoke cigarettes?	○	○	○	○
Use Nicotine products through Vape/E-Cigarettes (ex. JUUL, Puff Bar, ELF BAR etc.)?	○	○	○	○
Drink 1 or 2 alcoholic beverages (beer, wine, or liquor) nearly every day?	○	○	○	○
Use marijuana, hashish or THC products?	○	○	○	○
Use prescription drugs not prescribed to you?	○	○	○	○
Gamble something of value (money or possessions) on an uncertain outcome?	○	○	○	○
Play electronic/online games for more than 3 hours per day?	○	○	○	○

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Perceptions of Use

23. How wrong do your *friends* feel it would be for you to do the following:

	Not at all Wrong	Slightly Wrong	Moderately Wrong	Greatly Wrong
Smoke cigarettes?	○	○	○	○
Use Nicotine products through Vape/E-Cigarettes (such as JUUL, Puff Bar, ELF BAR etc.)?	○	○	○	○
Drink 1 or 2 alcoholic beverages (beer, wine, or liquor) nearly every day?	○	○	○	○
Use marijuana, hashish or THC products?	○	○	○	○
Use prescription drugs not prescribed to you?	○	○	○	○
Gamble something of value (money or possessions) on an uncertain outcome?	○	○	○	○
Play electronic or online games for more than 3 hours per day?	○	○	○	○

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24. About how many of the youth in your school do you think have used the following substances in the past month?

	None	Very Few	Some	Most	Almost All
Alcohol-beer, wine, spiked seltzers, hard liquor etc.	○	○	○	○	○
Marijuana/THC	○	○	○	○	○
Vape Products with Nicotine	○	○	○	○	○
Nicotine in an oral pouch auch as Zyn or On!	○	○	○	○	○
Prescription drugs for the purpose of "getting high"	○	○	○	○	○

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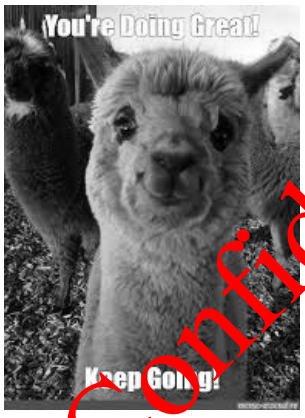

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Use and Participation

25. Select the items below you have used in your lifetime. (Select all that apply)

- [ ] **Cigarettes**
- [ ] **Nicotine in a Vape** or E-cigarette device (JUUL, Puff Bar, ELF BAR etc.)
- [ ] **Nicotine in an oral pouch (Zyn, On!)**
- [ ] **Other tobacco products** (e.g., chewing tobacco, pipe tobacco, cigars, snuff, Snus)
- [ ] **Alcohol** such as beer, wine, hard liquor, alcoholic seltzers, wine coolers etc, **more than just a sip**, not for religious activities
- [ ] **Marijuana/THC-**this includes all methods of use-vape, smoking it, edibles, inhaling it through other methods (not including CBD)
- [ ] **Prescription drugs**-for the **purpose of "getting high"** or to feel good, but not for medical purposes
- [ ] **Over-the-counter medications** such as cough or allergy medicine for the **purpose of "getting high"** or to feel good, not for medical purposes
- [ ] **Gambling** products such as, scratch-off/lottery tickets, dice (for gambling), sports betting apps or online betting sites, poker games etc.
- [ ] **I have not used** any of these

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Age of First Use

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26. Think back over your entire lifetime. What was your age (in years) when you FIRST used the substances below?

	Age of first use
Cigarettes	
Nicotine in a vape or E-cigarette device (JUUL, Puff Bar, ELF BAR etc.)	
Nicotine in an oral pouch such as Zyn or On!	
Alcohol such as beer, wine, hard liquor, alcoholic seltzers, wine coolers, etc., more than just a sip not for religious activities	
Marijuana/THC includes all methods of use, vape, smoking it, edibles, inhaling it through other methods	
Prescription drugs for the purpose of "getting high" or to feel good, not for medical purposes	
Over-the-counter medications such as for cough or allergy, to "get high," not for medical purposes	
Gambling products such as scratch-off/lottery tickets, sports betting apps or online betting sites, dice (for gambling) poker games etc.	

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Frequency of Use

27. Think back over the past 30 days: On how many days, if any, did you use the following?

	I have NEVER used.	I have used before, but NOT in the past 30 days.	Occasionally (1-5 days)	Frequently (6-20 days)	Almost every day (21+ days)
Cigarettes	○	○	○	○	○
Nicotine in a vape or E-cigarette device (JUUL, Puff Bar, ELF BAR etc.)	○	○	○	○	○
Nicotine in an oral pouch (Zyn, On! etc.)	○	○	○	○	○
Other tobacco products (e.g., chewing tobacco, pipe tobacco, cigars, snuff, Snus)	○	○	○	○	○

28. Think back over the past 30 days: On how many days, if any, did you use the following?

	I have NEVER used.	I have used before, but NOT in the past 30 days.	Occasionally (1-5 days)	Frequently (6-20 days)	Almost every day (21+ days)
Alcohol such as beer, wine, hard liquor, alcoholic seltzers, wine coolers etc, more than just a sip, not for religious activities	○	○	○	○	○
Alcohol- ***4 or more*** alcoholic beverages (beer, wine, hard liquor, alcoholic seltzers, wine coolers etc) on a single occasion	○	○	○	○	○

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29. Think back over the past 30 days: On how many days, if any, did you use the following?

	I have NEVER used.	I have used before, but NOT in the past 30 days.	Occasionally (1-5 days)	Frequently (6-20 days)	Almost every day (21+ days)
Marijuana/THC-this includes all methods of use-vape, smoking it, edibles, inhaling it through other methods (not including CBD)	○	○	○	○	○
Prescription drugs-for the purpose of "getting high" or to feel good, but not for medical purposes	○	○	○	○	○
Over-the-counter medications for cough or allergy to "get high," not for medical purposes	○	○	○	○	○
Gambling products such as scratch-off /lottery tickets, sports betting apps or online betting sites, dice (for gambling), poker games etc.	○	○	○	○	○

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Use of Marijuana and THC Products

30. If you have used marijuana or THC products in the past year, please select the ways you have most often used it.

- [ ] Smoked or inhaled (e.g. joint, bong, bowl, dabbed, waxed etc.)
- [ ] Eaten edibles (e.g. baked goods, gummies, or other candy that contain marijuana or THC in them)
- [ ] In a vape
- [ ] I have not used marijuana or THC in the past year

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Substance Access

31. For the substances below, please indicate WHERE YOU most often GET THEM?

	I have never accessed this substance- not applicable	At home WITHOUT parents/guardians permission	At my home WITH parents/guardians permission	Friends/Peers	Purchased on the Internet	Store, Bar or Restaurant
Cigarettes or other tobacco products (Snus, pipe tobacco, cigars)	☐	☐	☐	☐	☐	☐
Nicotine for use in a vape or E-cigarette device (JUUL, Puff Bar, ELF BAR etc.)	☐	☐	☐	☐	☐	☐
Alcohol such as beer, wine, hard liquor, alcoholic seltzers, wine coolers etc, more than just a sip, not for religious activities	☐	☐	☐	☐	☐	☐
Marijuana/THC- this includes all methods of use- vape, smoking it, edibles, inhaling it through other methods (not including CBD)	☐	☐	☐	☐	☐	☐
Prescription drugs-for the purpose of "getting high" or to feel good, but not for medical purposes	☐	☐	☐	☐	☐	☐

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Use at School

32. For the substances below, please indicate if you have ever used in school, on school property or at a school sponsored event including sporting events, field trips and dances

	I have never used this substance-not applicable	Yes	No
Nicotine in a vape or E-cigarette device (JUUL, Puff Bar, ELF BAR etc.)	○	○	○
Nicotine in an oral pouch (Zyn, On! etc.)	○	○	○
Alcohol such as beer, wine, hard liquor, alcoholic seltzers, wine coolers etc.	○	○	○
Marijuana/THC-this includes all methods of use-vape, smoking it, edibles, inhaling it through other methods (not including CBD)	○	○	○

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Where Substances Are Used

33. For the substances below, please indicate WHERE, if ever, you used MOST OFTEN.

	I have never used this substance- not applicable	At home, alone	At home with my parent(s)/guardian present	With friends at my home or my friends' home	In the woods, at the park, beach, or on the street	In a car	At a party
Nicotine in a vape or E-cigarette device (JUUL, Puff Bar, ELF BAR etc.)	☐	☐	☐	☐	☐	☐	☐
Alcohol such as beer, wine, hard liquor, alcoholic seltzers, wine coolers etc, more than just a sip, not for religious activities	☐	☐	☐	☐	☐	☐	☐
Marijuana/THC-this includes all methods of use- vape, smoking it, edibles, inhaling it through other methods (not including CBD)	☐	☐	☐	☐	☐	☐	☐
Prescription drugs- for the purpose of "getting high" or to feel good, but not for medical purposes	☐	☐	☐	☐	☐	☐	☐

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34. Have you ever.....

	Alcohol (beer, wine, hard liquor, alcoholic seltzers etc.)	Vapes with Nicotine	Marijuana/THC	No-I use one or more of these but I don't want to reduce my use or quit	None of this applies to me
tried to reduce your use of.....	☐	☐	☐	☐	☐
tried to quit or stop using....	☐	☐	☐	☐	☐
felt frustrated because you wanted to reduce or stop using but you couldn't....	☐	☐	☐	☐	☐

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Intoxicated Driving

35. Have you driven a car, truck, ATV or motorcycle when you had been drinking alcohol or using marijuana/THC?

	Not Applicable - (I have never driven a car, truck, ATV or motorcycle before)	No	Yes at least once in the last 30 days	Yes at least once in the past 12 months
After drinking ALCOHOL	○	○	○	○
After using MARIJUANA/THC	○	○	○	○

36. Have you been a passenger in a car, truck, ATV or motorcycle when a driver, age 20 or younger, had been drinking alcohol or using marijuana/THC?

	Not Sure	No	Yes at least once in the last 30 days	Yes at least once in the past 12 months
After the driver was drinking ALCOHOL	○	○	○	○
After the driver used MARIJUANA/THC	○	○	○	○

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Use of Other Substances

37. Have you EVER used any of these drugs?

	NO, Never	YES, But **NOT** in the past 30 days	YES, In the past 30 days
Inhalants (things you sniff or inhale to get high such as glue, paint, whippets, or sprays)	○	○	○
Kratom	○	○	○
Cocaine/crack cocaine (rock)	○	○	○
Ecstasy or Molly (MDMA)	○	○	○
Hallucinogens (LSD, acid or mushrooms, PCP or Angel Dust) including microdosing	○	○	○
Heroin/Fentanyl	○	○	○
Ketamine (Special K)	○	○	○
Methamphetamine (Meth)	○	○	○
Synthetic marijuana (Spice, K2, K3, Delta-8)	○	○	○
Bath Salts (Ivorywave, Red Dove)	○	○	○

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Comfort with Seeking Help

38. Please indicate if you would seek help from the sources below if you had a problem in your life.

	No	Maybe	Yes
Parent/guardian	○	○	○
Friends	○	○	○
School staff-teacher, counselor, social worker, nurse etc.	○	○	○
Coach	○	○	○
A trusted adult besides my parent/guardian or school staff	○	○	○

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youth VOICES count

Colchester, CT Youth Voices Count Survey (v2024)

Family and Community Support

39. Please indicate if you agree or disagree with the following statements:

	Agree	Disagree
I have at least one adult in my life that I can share my thoughts and feelings with	○	○
I feel safe in my community	○	○
I feel safe at school	○	○
I know how to get help for myself or my peers for mental health or substance use problems at my school	○	○

youth VOICES count

Colchester, CT Youth Voices Count Survey (v2024)

Toxic Stress

40. Have you ever experienced discrimination, meaning you were made to feel inferior or excluded because of your....

	No	Yes, but not in the past 12 months	Yes, in the past 12 months
race or ethnicity?	○	○	○
gender or sexual orientation?	○	○	○
religion or culture?	○	○	○
learning differences or disability?	○	○	○

41. Have you ever directly seen or heard violence (ex.physical assault or other violent actions).....

	No	Yes, but not in the past 12 months	Yes, in the past 12 months
in your neighborhood or community?	○	○	○
at school?	○	○	○

42. Have you ever been a victim of violence (ex.physical assault or other violent actions).....

	No	Yes, but not in the past 12 months	Yes, in the past 12 months
in your neighborhood or community?	○	○	○
at school?	○	○	○

43. Have you ever.....

	No	Yes, but not in the past 12 months	Yes, in the past 12 months
had problems with housing? (ex. being homeless, moving more than two times in a 6 months, been at risk of eviction or foreclose, had to live with friends or family because a parent/guardian could not afford housing.)	○	○	○
worried that your family did not have enough food to eat or that food would run out before you, your parent/caregiver could buy more?	○	○	○

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Sleep

44. On a typical school night (Sunday-Thursday), how many hours do you usually sleep?

- 1-2 hours
- 3-5 hours
- 6 hours
- 7 hours
- 8 hours
- 9 or more hours

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Final Thoughts

This is the last question! Thank you for your participation in the Youth Voices Count Survey. The information you generously provided will help inform programs that support youth in your community.

If the survey brought up any uncomfortable feelings or questions please talk to your school counselor, social worker a teacher or another supportive adult. Outside of school hours you can reach Infoline by calling 2-1-1 or chat via https://www.211ct.org/

45. Would you like to see a presentation or report on the outcomes of this survey when it is available?

- ◯ Yes-I love data
- ◯ Yes-with a little enthusiasm
- ◯ I am not sure or kinda indifferent
- ◯ No, thank you

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